



STATE TAX COMMISSION OF MISSOURI

P.O. BOX 146
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(573) 751-2414

FORM 50

Private Car Company

TAX YEAR: **2012**

Aggregate Statement of Taxable Property

Company Information		Account Number	
Company Name:			
1. Address:			
2. Address:			
City, State Zip Code:			
Contact:			
Title:			
Phone:			
Fax:			
email:			
Notification / Correspondence		<i>(if different from Company Information)</i>	
Name:			
1. Address:			
2. Address:			
City, State Zip Code:			
Phone / Fax:			
email:			
Billing Information		<i>(if different from Company Information and Notification / Correspondence)</i>	
Name:			
1. Address:			
2. Address:			
City, State Zip Code:			
Type of Business / Industry			
<input type="checkbox"/> Telephone / Telecommunications	<input type="checkbox"/> Electric Utility	<input type="checkbox"/> Natural Gas Pipeline	<input type="checkbox"/> Airline
<input checked="" type="checkbox"/> Private Car Company	<input type="checkbox"/> Railroad	<input type="checkbox"/> Product Pipeline	<input type="checkbox"/> Commercial Aircraft
Type of Ownership			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Subsidiary
<input type="checkbox"/> Other	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Parent company
Description of Organization's Activities (include services rendered, products sold, etc.):			
<i>(Attach additional sheets if needed)</i>			